

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

Civil Case No. _____

Plaintiff(s),

v.

APPLICATION FOR SPECIAL
ADMISSION – *PRO HAC VICE*

Defendant(s).

Attorney _____ requests special admission *pro hac vice* in the above-captioned case.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the requirements of LR 83-3, and certify that the following information is correct:

(1) PERSONAL DATA:

Name: _____ (Last Name) _____ (First Name) _____ (MI) _____ (Suffix)

Firm or Business Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Business E-mail Address: _____

(2) BAR ADMISSIONS INFORMATION:

(a) State bar admission(s), date(s) of admission, and bar ID number(s):

(b) Other federal court admission(s), date(s) of admission, and bar ID number(s):

(3) CERTIFICATION OF DISCIPLINARY ACTIONS:

(a) I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or

(b) I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:

I have a current professional liability insurance policy in the amount of \$ _____ that will apply in this case, and that policy will remain in effect during the course of these proceedings.

(5) REPRESENTATION STATEMENT:

I am representing the following party(s) in this case:

(6) CM/ECF REGISTRATION:

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at ord.uscourts.gov), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this _____ day of _____,

E. Michelle Drake

(Signature of Pro Hac Counsel)

(Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this _____ day of _____,

/s/ Steve D. Larson

(Signature of Local Counsel)

Name: _____ *(Last Name)* _____ *(First Name)* _____ *(MI)* _____ *(Suffix)*

Oregon State Bar Number: _____

Firm or Business Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Business E-mail Address: _____

COURT ACTION

Application approved subject to payment of fees.
 Application denied.

DATED this _____ day of _____,

Judge